BUDGET RESOLUTION/Domestic Cuts for an NIH Increase

SUBJECT: Senate Concurrent Budget Resolution for fiscal years 1996-2002 . . . S. Con. Res. 13. Domenici motion to table the Exon (for Wellstone) amendment No. 1141.

ACTION: MOTION TO TABLE AGREED TO, 81-18

SYNOPSIS: As reported, S. Con. Res. 13, the fiscal year 1996 Concurrent Budget Resolution, will reduce projected spending over 7 years to balance the budget by fiscal year (FY) 2002 without increasing taxes. Savings that will accrue from lower debt service payments (an estimated \$170 billion) will be dedicated to a reserve fund, which may be used for tax reductions after enactment of laws to ensure a balanced budget. Highlights include the following: the rate of growth in Medicare will be slowed to 7.1 percent; Medicaid's rate of growth will be slowed to 5 percent and it will be transformed into a block grant program; the Commerce Department and more than 100 other Federal programs, agencies, and commissions will be eliminated; welfare and housing programs will be reformed; agriculture, energy, and transportation subsidies will be cut; foreign aid will be cut; defense spending will be cut and then allowed to increase back to its 1995 level; and Social Security will not be altered.

The Exon (for Wellstone) amendment would express the sense of the Senate that the increase in funding for the National Institutes of Health (NIH; see vote No. 186) should "come from eliminating low-priority Federal programs like the Space Station and not from high-priority programs for education, food and nutrition for low-income children, anticrime efforts, veterans programs, job training, health care, infrastructure, and other such investment programs."

The amendment was offered after all debate time had expired. However, some statements on amendments were added to the record or were made before the amendments were offered and before debate time had expired. Also, by unanimous consent, 1 minute of time was allowed on each amendment for explanatory statements before each vote. Senator Domenici moved to table the Wellstone amendment. Generally, those favoring the motion to table opposed the amendment; those opposing the motion to table favored the amendment.

Those favoring the motion to table contended:

(See other side)

	YEAS (81)		NAYS (18)		NOT VOTING (1)	
Republicans Democrats		Republicans Democrats		Republicans Democrats		
	(54 or 100%)	(27 or 60%)	(0 or 0%)	(18 or 40%)	(0)	(1)
Abraham Ashcroft Bennett Bond Brown Burns Campbell Chafee Coats Cochran Cohen Coverdell Craig D'Amato DeWine Donenici Faircloth Frist Gorton Gramm Grams Grassley Gregg Hatch Hatfield Helms	Hutchison Inhofe Jeffords Kassebaum Kempthorne Kyl Lott Lugar Mack McCain McConnell Murkowski Nickles Packwood Pressler Roth Santorum Shelby Simpson Smith Snowe Specter Stevens Thomas Thompson Thurmond Warner	Akaka Baucus Bingaman Boxer Breaux Byrd Daschle Dodd Exon Feinstein Ford Glenn Graham Heflin Hollings Inouye Johnston Kerrey Kerry Kohl Leahy Lieberman Murray Nunn Robb Rockefeller Sarbanes		Biden Bradley Bryan Bumpers Conrad Dorgan Feingold Harkin Kennedy Lautenberg Levin Moseley-Braun Moynihan Pell Pryor Reid Simon Wellstone	1—Offic 2—Nece 3—Illne 4—Othe SYMBO AY—Ai	r LS: nnounced Yea nnounced Nay ired Yea

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The Wellstone amendment singles out items that its sponsor believes are of high-priority, and mentions one program that its sponsor believes is of low-priority. Obviously, when NIH funding is increased, the Senate will decrease spending in areas it considers of lesser priority. The Senate does not need this amendment to know that it should cut from areas of lower priority, nor does it need to be told which areas of spending are of greater importance. Accordingly, this amendment should be tabled.

Those opposing the motion to table contended:

We are pleased that the Senate accepted the Hatfield amendment to restore funding for the NIH, and we are very pleased that the amendment specifically provided that the offsets could not come from certain areas like education and Medicare. We have offered the Wellstone amendment to expand on the list of areas that should not suffer cuts, and to reiterate our strong support for the NIH. The Wellstone amendment, in effect, is an exclamation point to the earlier Hatfield amendment. We urge our colleagues to give it their support.